

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

(e) The Division may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

California Code of Regulations, Title 22, Section 64426.1, subsections (a) and (b) provide, in relevant part:

Section 64424- Repeat Sampling

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

§64426.1. Total Coliform Maximum Contaminant Level (MCL).

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Division or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive

72
73
74 **Revised Total Coliform Rule**

75 Beginning April 1, 2016, all public water systems need to comply with California's existing Total
76 Coliform Rule (TCR) as well as the new requirements in the federal Revised Total Coliform
77 Rule (rTCR), until California can complete the regulatory adoption process for the rTCR. Under
78 the Federal rTCR, a water system which exceeds the current Total Coliform MCL must also
79 conduct a Level 1 Assessment. The completed assessment must be submitted to our office
80 within 30 days of the exceedance. Additionally, a water system in which a second Level 1
81 Assessment is triggered within a rolling 12-month period must conduct a Level 2 Assessment.

82
83
84 **STATEMENT OF FACTS**

85 The Division is informed and believes that the Caruthers CSD is a community water system
86 that has two active wells and one standby well. The District serves a community with a
87 population of 2503 through 696 connections.

88
89 The District is operated under Water Supply Permit No. 87-002 that was issued January 29,
90 2002 and amended in October 3, 2005.

91
92
93 **Violation of the Total Coliform Rule Maximum Contaminant Level**

94 The District is required to collect a minimum of two (2) distribution system bacteriological
95 samples per month. The bacteriological water analysis results submitted by the Water System
96 reported the presence of total coliform bacteria in two (2) of at least eleven (11) distribution
97 samples and two (2) source samples collected during the month of June 2017. None of the
98 positive samples reported showed the presence of fecal coliform or *E. coli* bacteria. Well 6
99 was positive for total coliform and absent for fecal coliform and *E. coli* bacteria. The District

chlorinated Well 6 and conducted a well cycle test on June 14, 2017 and was absent for total coliform.

The following table summarizes the reported bacteriological monitoring conducted during the month of June of 2017.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
06/06/17	3	Routine Distribution	2	0
6/8/2017	8	Repeats (Distribution and Sources)	1 (Only in Well 6)	0

Due to the above-mentioned total coliform positive samples, the District has failed the total coliform MCL for the month of June 2017. The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the collection of a sample for bacteriological evaluation from wells serving the system in response to a coliform positive distribution sample. A summary of all bacteriological testing results conducted during June 2017 is included here as Attachment A.

DETERMINATION

Based on the above Statement of Facts, the Division has determined that the Caruthers CSD has failed to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). The Water System has failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of June 2017.



123 **NOTIFICATION REQUIREMENTS**

124 Title 22, CCR, Section 64426.1(c) requires a public water system to notify the Division and the
125 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) occurs.

126 Notification to the Division shall be by the end of the business day on which the violation has
127 been determined. If the Division is closed, notification shall be within 24 hours of the
128 determination. The Division was notified in accordance with the above-referenced section.

129 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to
130 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
131 effects language from Appendix 64465-A for a total coliform MCL failure.

132
133 Section 64463.4 allows community water systems to use mail or direct delivery to each
134 customer and the use of one or more of the following methods: publication in a daily or weekly
135 newspaper, posting the public notice in a conspicuous public place within the water system or
136 on the internet, or by delivery to community organizations.

137
138 The Water System shall either mail or conduct direct delivery of the public notice to all
139 customers served within the general service area. Section 116450(g) requires that upon
140 receipt of notification from a public water system, schools must notify school employees,
141 students, and parents (if the students are minors), residential rental property owners or
142 managers (including nursing homes and care facilities) must notify their tenants and business
143 property owners, managers or operators must notify employees of businesses located on the
144 property. These secondary notification requirements are included in the public notice. The
145 Water System has completed the necessary public notification and investigation.

150 **DIRECTIVES**

151 The Caruthers Community Services District has completed the necessary public notification
152 and investigation and no other directives are necessary at this time.

153
154 The State Board reserves the right to make such modifications to this Citation as it may deem
155 necessary to protect public health and safety. Such modifications may be issued as
156 amendments to this Citation and shall be effective upon issuance.

157
158 Nothing in this Citation relieves the Water System of its obligation to meet the requirements of
159 the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section
160 116270), or any regulation, standard, permit or order issued or adopted thereunder.

161
162
163 **PARTIES BOUND**

164 This Citation shall apply to and be binding upon Caruthers CSD, its officers, directors,
165 shareholders, agents, employees, contractors, successors, and assignees.

166
167
168 **SEVERABILITY**

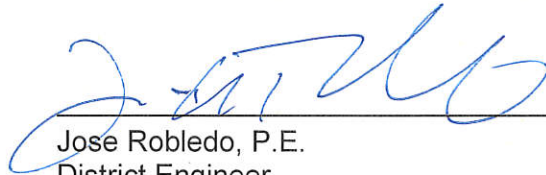
169 The Directives of this Citation are severable, and Caruthers CSD shall comply with each and
170 every provision thereof, notwithstanding the effectiveness of any other provision.

171
172 **FURTHER ENFORCEMENT ACTION**

173 The California SDWA authorizes the Division to: issue citation with assessment of
174 administrative penalties to a public water system for violation or continued violation of the
175 requirements of the California SDWA or any permit, regulation, permit or order issued or
176 adopted thereunder including, but not limited to, failure to correct a violation identified in a
177 citation or compliance order. The California SDWA also authorizes the Division to take action

178 to suspend or revoke a permit that has been issued to a public water system if the system has
179 violated applicable law or regulations or has failed to comply with an order of the Division; and
180 to petition the superior court to take various enforcement measures against a public water
181 system that has failed to comply with an order of the Division. The Division does not waive any
182 further enforcement action by issuance of this citation.

183
184
185 08/23/2017
186 Date

187 
188 Jose Robledo, P.E.
189 District Engineer
190 Division of Drinking Water
191 State Water Resources Control Board

192 Attachments:

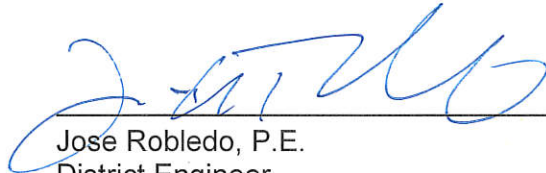
- 193 A. Bacteriological Monitoring Report
194 B. Copy of Public Notice Template
195 C. Copy of Proof of Public Notification
196 D. Copy of the Level 1 Assessment Form
197

198 Certified Mail Tracking Number: 7015 1660 0000 0781 9838



178 to suspend or revoke a permit that has been issued to a public water system if the system has
179 violated applicable law or regulations or has failed to comply with an order of the Division; and
180 to petition the superior court to take various enforcement measures against a public water
181 system that has failed to comply with an order of the Division. The Division does not waive any
182 further enforcement action by issuance of this citation.

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185 8/23/2017
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192 Attachments:

- 193 A. Bacteriological Monitoring Report
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197

198 Certified Mail Tracking Number: 7015 1660 0000 0781 9838



Bacteriological Distribution Monitoring Report

1010039

Caruthers Community Services Distr

Distribution System Freq: 2/M

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
6/6/2016	10:00	Site 1	A	A		Routine			
6/6/2016	10:20	Site 2	A	A		Routine			
7/11/2016	10:00	Site #3	A	A		Routine			
7/11/2016	10:30	Site 4	A	A		Routine			
7/11/2016	10:50	Site 5	A	A		Routine			
8/8/2016	10:00	Site 5	A	A		Routine			
8/8/2016	10:20	Site 1	A	A		Routine			
8/8/2016	10:40	Site 2	A	A		Routine			
9/6/2016	8:00	Site 2	A	A		Routine			
9/6/2016	8:20	Site 3	A	A		Routine			
9/6/2016	10:00	Site 4	A	A		Routine			
10/3/2016	9:30	Site 4	A	A		Routine			
10/3/2016	9:50	Site 5	A	A		Routine			
10/3/2016	10:15	Site 1	A	A		Routine			
11/21/2016	8:00	Site 1	A	A		Routine			
11/21/2016	8:20	Site 2	A	A		Routine			
11/21/2016	8:45	Site 3	A	A		Routine			
12/5/2016	8:00	Site 3	A	A		Routine			
12/5/2016	8:30	Site 4	A	A		Routine			
12/5/2016	9:00	Site #5	A	A		Routine			
1/9/2017	10:00	Site 1	A	A		Routine			
1/9/2017	10:20	Site 2	A	A		Routine			
1/18/2017	10:30	site 3	A	A		Routine			
2/13/2017	9:30	Site #1	A	A		Routine			
2/13/2017	10:00	Site #6	A	A		Routine			
2/15/2017	10:00	Site #4	A	A		Routine			
2/21/2017	10:00	Site #5	A	A		Routine			
3/6/2017	3:06	Site #2	A	A		Routine			
3/6/2017	9:20	Site 3	A	A		Routine			
3/6/2017	10:00	Site 4	A	A		Routine			
4/4/2017	7:00	Site 1	A	A		Routine			
4/4/2017	7:20	Site 2	A	A		Routine			
4/4/2017	7:45	Site 5	A	A		Routine			
5/1/2017	9:00	Site 3	A	A		Routine			
5/1/2017	9:30	Site 4	A	A		Routine			
5/1/2017	9:50	Site 5	A	A		Routine			
6/6/2017	9:20	Site 1	A	A		Routine			
6/6/2017	9:45	Site 2	P	A		Routine			
6/6/2017	10:15	Site 3	P	A		Routine		MCL	
6/8/2017	8:30	Site 2 Repeat 1	A	A		Repeat			
6/8/2017	8:50	Site 2 Repeat 2	A	A		Repeat			
6/8/2017	9:10	Site 2 Repeat 3	A	A		Repeat			
6/8/2017	9:30	Site 3 Repeat 1	A	A		Repeat			
6/8/2017	9:45	Site 3 Repeat 2	A	A		Repeat			
6/8/2017	10:00	Site 3 Repeat 3	A	A		Repeat			
6/8/2017	10:30	Well 5	A	A		Source Repeat			
6/8/2017	11:00	Well 6	P	A		Source Repeat			

<i>Sample Date</i>	<i>Time</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
--------------------	-------------	-----------------	---------------	---------------	---------------	-------------	------------	------------------	----------------

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

1010039 Caruthers Community Services District

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
6/6/2016	10:40	Well 5	Well	MPN	<1.1	<1.1				
8/8/2016	9:30	Well 6	Well	P/A	A	A				
9/6/2016	10:30	Well 5	Well	MPN	<1.1	<1.1				
12/5/2016	9:30	Well 5	Well	MPN	<1.1	<1.1				
12/19/2016	12:49	Well 2	Well	P/A	A	A				
3/6/2017	10:30	well 5	Well	MPN	<1.1	<1.1				
5/1/2017	10:15	Well 6	Well	P/A	A	A				
6/6/2017	9:00	Well 5	Well	MPN	<1.1	<1.1				
6/14/2017	10:35	Well 6: Start	Well Cycle	MPN	<1.1	<1.1				
6/14/2017	10:36	Well 6: 1 min	Well Cycle	MPN	<1.1	<1.1				
6/14/2017	10:40	Well 6: 5 min	Well Cycle	MPN	<1.1	<1.1				
6/14/2017	10:50	Well 6: 5 min	Well Cycle	MPN	<1.1	<1.1				
6/14/2017	11:05	Well 6: 30 min	Well Cycle	MPN	<1.1	<1.1				

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

Caruthers CSD Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took Three___ (3) samples to test for the presence of coliform bacteria in June 2017. ___Two of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action]. Well #6 was found to have coliform in the well. It has been chlorinated and retested and found to have no coliform in the well. _____

For more information, please contact Dave McIntyre] at ___559-864-8189] or ___P.O.Box218 Caruthers Ca. 93609].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Caruthers CSD.

Date distributed: 6/29/2017___

Certification of Completion of Public Notification

This form, when completed and returned to the Division of Drinking Water - Fresno District (265W. Bullard Ave. #101, Fresno, CA 93704 or fax to 559-447-3304), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463-64465.

Public Water System Name: Caruthers CSD

Public Water System No.: 1010039

Public notification for failure to comply with the TCR MCL for June 2017

was performed by the following method(s) (check and complete those that apply):

- ☐ The notice was mailed to users on: 6/29/2017
☐ A copy of the notice is attached.
- ☐ The notice was hand delivered to water customers on: _____
☐ A copy of the notice is attached.
- ☐ The notice was published in the local newspaper on: _____
☐ A copy of the newspaper notice is attached.
- ☐ The notice was published in conspicuous places on: 6/29/2017
☐ A copy of the notice is attached.
☐ A list of locations the notice was posted is attached.
- ☐ The notice was delivered to community organizations on: _____
☐ A copy of the notice is attached.
☐ A list of community organizations the notice was delivered to is attached.

I hereby certify that the above information is factual.

David McIntyre
Printed Name

Manager
Title

David McIntyre
Signature

6-29-17
Date

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation each day that the violation continues. In addition, the violators may be prosecuted in criminal court and, upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due to the Division of Drinking Water within 10 days of issuance of notice to customers

System Number: 1010039

Enforcement Action No. _____

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

ADMINISTRATIVE INFORMATION

Entity Name: Caruthers C S D PWSID NUMBER: 1010039 Type: public	System	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)		David McIntyre	13617 S Raider carutherscsd@sbcglobal.net	559-355-0558
Person that collected TC samples if different than ORC				
System Owner		Caruthers C S D		
Certified Laboratory for Microbiological Analyses		BSK LABS		
Date Investigation Completed: 6-21-2017				
Month(s) of Coliform Treatment Technique Trigger: June				

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
	Well 5	Well 6			
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	yes	yes			
b. Is wellhead vent pipe screened?	yes	yes			
c. Is wellhead seal watertight?	yes	yes			
d. Is well head located in pit or is any piping from the wellhead submerged?	no	no			
e. Does the ground surface slope towards well head?	no	no			
f. Is there evidence of standing water near the wellhead?	no	no			
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	no	no			
h. Is the wellhead secured to prevent unauthorized access?	yes	yes			
i. How often do you take a raw water total coliform (TC) test?	Quarterly	Quarterly			
j. Provide the date and result of the last TC test at this location	6/6/2017	6/14/2017			

STORAGE

	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	Tank 1				
1. Is each tank locked to prevent unauthorized access?	yes				
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	yes				
3. Is the overflow on each tank screened?	yes				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

Page 2 of 5

STORAGE	TANK (name) Tank 1	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	no					
5. Is the roof/cover of the tank sealed and free of any leaks?	yes					
6. Is the tank above ground or buried?	above					
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	no					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	separate					
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?	0					
9. What is the volume of the storage tank in gallons?	1.2 MG					
10. Is the tank baffled?	yes					
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?	Dailey					

PRESSURE TANK	TANK (name) #5	TANK (name) #6	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?	10,000	10,000				
2. What is the age of the pressure tank?	14 years	3 years				
3. Is the pressure tank bladder type or air compressor type?	air	air				
4. Did the pressure tank(s) deviate from normal operating pressure?	no	no				
5. Is the compressor pump running more often than normal?	no	no				
6. Is the tank bladder broken and the tank water logged?	no	no				
7. Is the tank(s) damaged, rusty, leaking, or has holes?	no	no				
8. Was there any recent work performed?	no	no				
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	yes	yes				
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?	no	no				

DISTRIBUTION SYSTEM		SYSTEM RESPONSES	
1. What is the minimum pressure you are maintaining in the distribution system?	45#		
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	no		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

Page 3 of 5

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	no
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	no
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes , no
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	November 2016
8. Is there a written flushing procedure you can provide for our review?	no
9. Do you have an active cross connection control program?	yes
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	Mike McKeever
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	yes
12. On what date was the last physical survey of the system done to identify cross-connections?	Dec-2013

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)	2'	18"	18"	
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	ext	ext	ext	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	no	no	yes	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	yes	yes	yes	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	yes	yes	yes	
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	yes	yes	yes	
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	yes	yes	yes	
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Disinfected, flamed	Disinfected, flamed	Disinfected, flamed	
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	Routine, repeat	repeat	repeat	
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	yes	yes	yes	
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?	windy			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

Page 4 of 5

GENERAL OPERATIONS:		Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.		Yes
2. Does the water system have a written sampling procedure and was it followed?		Yes
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?		no
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?		no
5. Does the system have backup power or elevated storage?		yes
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?		no
7. What were the symptoms of illness if you received complaints about customers being sick?		

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	Coliform was found in Well #6
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.	Well #6 was chlorinated, flushed, and retested and found to be free of any Coliform.	06/21/2017
2.		
3.		
4.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

Page 5 of 5

5.	
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CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: David McIntyre **TITLE:** District Manager
DATE: 6/22/2017

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.